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ABSTRACT

To provide some directions for the design and implementation of innovative health programs, both on an individual and community level, this paper, using both empirical and anecdotal sources, explores some of the possible psychological mechanisms Indian people have used to endure overt and covert Federal policies and social attitudes of termination and assimilation. While much has been written on the destructive coping mechanisms of alcoholism, suicide, and violence, the positive aspects of Indian life (the use of medicine people as healers, the use of herbs as medicine, spiritual rituals, ceremonies, and participation in community events) and their values as survival skills have not been adequately evaluated and incorporated as treatment methods. The paper examines how the theoretical stance of problems, the client's belief system, and actual behavioral patterns can affect therapy and discusses specific therapeutic techniques (impact therapy and nondirective therapy based on Freud's and Maslow's theories) that may lead to a clearer understanding of underlying problems, the evolvement of a new Survival Pact, needs assessment programs, and development of educational programs that would address health and social needs on a broad level. (NEC)

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PSYCHOLOGICAL SURVIVAL IN AMERICAN INDIAN COMMUNITIES

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ABSTRACT

The concept of "coping skills" is not a new one to psychologists and social workers. However, very little work has been done to determine the various coping mechanisms used by people living in American Indian communities. This paper will present some hypothesized mechanisms, therapeutic approaches used to help in developing more positive coping skills, and present some alternative therapeutic interventions from those commonly advocated.

PSYCHOLOGICAL SUTVIVAL IN AMERICAN INDIAN COMMUNITIES

The purpose of this paper is to explore some of the possible psychological mechanisms Indian people have used to endure overt and covert Federal policies and social attitudes of termination and assimilation. American Indians, and their communities, have been studied extensively, on a formalized basis, for over 100 years. Most of these studies have been conducted by non-Indian anthropologists and other social scientists (Deloria, 1969). Research has focused on separate portions of Indian life, such as religion and living patterns, without incorporating this information into an integrative picture of Indian life and mental health. Very little research has been done from an Indian perspective or with Indian personnel as the primary investigators. There has also been a tendency to view all Indians as the same, regardless of tribal affiliation and/or cultural background. These research shortcomings have resulted in a bias limiting the availability of useable data for identifying what coping mechanisms, positive and negative, are used by Indian people.

The information presented in this paper comes from a variety of sources, both empirical and anecdotal. The material on presenting complaints and therapeutic approaches was supplied by the co-authors from their experiences in a northwestern Indian community. Other data came from a tribal-specific health plan and writings on social and health problems found in Indian communities. No attempts will be made to generalize the information presented in this paper to all Indians. It is hoped this paper will provide some directions for the design and implementation of innovative health programs, both on an individual and community level.

Little empirical data, from a psychological viewpoint, exists in regards to the various coping mechanisms used in Indian communities. Writings in the area of Indian mental health have tended to focus on problems such as alcoholism, suicide, and violence (Colville Tribal-Specific Health Plan, 1979; Fredericks, 1973). All of these may be viewed as some type of coping mechanism, for the most part being very destructive. The positive aspects of Indian life, and their values as survival skills, have not been adequately evaluated and incorporated as treatment methods.

The problems mentioned above will be examined in greater detail later in this paper. Some of the commonly-used therapeutic approaches and suggestions for possible future health programs will also be discussed. A better understanding of these destructive coping patterns might come from an examination of the historical perspective of psychological and physical survival of American Indians. The very early model of psychological survival for Indians can be summed up in what has been termed the "Survival Pact" (Willard & LaDue, 1981).

The Survival Pact was a set of rules for behavior found among tribal people prior to the time of White contact, epidemics, and reservations. The Pact was not a formalized, written set of rules, but knowledge for survival that was passed from generation to generation. The Pact encompassed all aspects of life from the spiritual to the physical to social. Rules of the Pact were based upon the symbiotic relationship between the individual, the tribe, and the physical environment. Social laws were constructed to ensure strong kin ties, solid leadership and physically healthy people. Marriages outside the village (or tribe) were allowed but many cultural groups forbid marriage outside of one's social level (Drucker, 1965). This was important to ensure that alliances between groups and families would continue.

It is also hypothesized that the harsher the physical setting of the group, the stricter the Rules of the Pact. A harsh environment, such as a desert, allowed for less leniency in using natural resources and demanded that all people follow the laws to allow for the survival of the entire community. Rules of the Pact governing hunting and fishing were along the lines of sound ecological principles. These established where, when, and how much could be taken to feed the community and yet allow enough viable animal and fish populations to survive so a food supply would continue to exist. Consequences of not following the Rules of the Pact were quite strict with social ostracism and/or death being common.

Medicine, both physical and psychological, was also governed by the Survival Pact. Healing was often conducted on a community basis, with support from the family and group members an important and integral part of restoring a person to health (Drucker, 1965). Illness, in many Northwest tribes, was thought to come from two sources: soul loss and object intrusion. Soul loss had symptoms similar to what might be diagnosed as depression in contemporary Western medicine, i.e., lastitude, sadness, physical wasting away. Object intrusion could be manifested in a variety of ways and was attributed to something actually entering the person's body and causing the illness. Both types of illness could come from someone exercising "bad medicine or wishes" over the ill person. Bad medicine is when people who have a gift of healing and/or knowledge use it in a direction to bring harm to others.

The last area discussed, health and medicine, is important in terms of designing innovative future health programs and will be discussed to a greater extent in the last section of this paper. The loss of the Survival Pact, as a model of behavior, occurred with varying degrees of rapidity in different groups. Loss of the Pact can be attributed to many different causes,

i.e., physical illness and inappropriate and harsh governmental policies. The smallpox epidemics, and resultant loss of approximately 75% of the populations of many groups, was a primary reason for the destruction of the Pact among Northwest Coastal groups. Federal policies, other illnesses and imposition of the reservation system were causes of Pact destruction among many tribal groups (Willard & LaDue, 1981).

No matter what the reason for destruction of the Pact, its loss had devastating consequences for all Indian people; loss of traditional language, religion, values, and beliefs. The loss of the Survival Pact as a model of behavior, left a gap that Indian people tried to fill in a number of ways. The acceptance of Christian religions occurred in some groups while others attempted to establish their own Indian religions or revitalization movements (LaBarre, 1970). A well known example of these revitalization movements was the Ghost Dance of the Plains tribes. Other revitalization movements have lasted up to the present time and are practiced by several groups. These include the Peyote Cult (or Native American Church), the Shaker religion, and Spirit Dancing (Amoss, 1978; Jilek, 1975; LaBarre, 1969, 1970).

Christian religions were not the only aspects on non-Indian life to be adopted by Indian people to help fill the gap left by the loss of the Survival Pact. Western methods of medicine were also adopted to take the place of traditional methods of healing that were no longer available, either because of the lack of practitioners or Federal policy outlawing the practice of native healing (Gidley, 1979). Western methods of healing must have seemed attractive to Indian people for a variety of reasons among them being that these new methods were often more effective against the imported diseases.

Smallpox, intermittant fever, syphilis, measles, and other diseases were totally new to Indian people. They had not had time to incorporate methods

for treating these illnesses into traditional healing. Western methods of medicine also differed from Indian healing in that the actual packaging of the medicine was far different from that with which most Indians were acquainted, i.e., medicine bottles, innoculations.

All of these movements and adaptations of religions and medicine were attempts to restore some type of spiritual and community support among Indian people. However, none have been able to provide the total, integrative rules for behavior which the Survival Pact had done. The need for a new Survival Pact and more constructive methods of coping are needed in many Indian communities. Now, with the passage of Indian Self-Determination, and community demand, steps are being taken to evolve these coping mechanisms. It may be helpful, at this point, to examine some of the critical issues facing Indian people and how a new Survival Pact might be of help in more adequately addressing health needs.

A good deal of attention has been paid to the more negative patterns of behavior that Indian people use to handle the stresses in their lives. This next section will examine some of these negative patterns, but instead of limiting the focus, it will also include some of the positive methods Indian people use as coping mechanisms. Alcoholism, violence, and suicide are, as mentioned, some of the more destructive coping means Indian people use to deal with pressures and are also identified as some of the symptoms of the critical problems facing Indian communities today (Frederick, 1973; Frogg, 1977; Leland, 1977).

Rates of alcoholism, suicide, homicide, and other violent and accidental death have greatly increased among Indian people in the past 25 years (Colville Tribal-Specific Health Plan, 1979). Along with this trend is the fact that Indian people have a higher mortality rate than any other population group in this country. It is apparent that the coping methods of alcoholism, suicide, and violence are compounding problems rather than relieving stresses. However,

some of these patterns seemed to be so ingrained into contemporary Indian life that many Indian people may not know any other means of coping with stress.

Several theories have been postulated to account for the high rate of these destructive behaviors in Indian communities. Included in these theories are: (a) cultural ambivalence--the psychological state of a person who does not have access to, or identify with, either their own traditional culture or that of the majority culture (French, 1976; Metcalf, 1976), (b) loss of control over one's life, (c) a learned pattern of behavior (Frogg, 1977), (d) loss of traditional culture, language, and beliefs, and (e) a combination of the above-mentioned processes.

It is likely that all of these processes play some part in the high rates of alcoholism, suicide, and violence found in Indian communities. These processes acquire more importance when the step is taken from theories of problem causation to actual therapy. The professional's theoretical stance on problem causation will have some effect on the type of therapeutic techniques they will employ. Therefore, the clients' and communities' view of the problem should also be taken into account when choosing a course of therapy. If these views, which may differ from those of the therapist, are not understood, it may limit the success of the therapeutic process.

An example of how theory may effect practice can be seen in the following example: If alcoholism is due to the client feeling a great deal of cultural ambivalence, the focus of therapy might be closer examination and clarification of the client's feelings about him/herself, his/her culture and community, and his/her life, in general. The therapist might play a role of validating the client's feelings, helping him/her understand their feelings may be appropriate for the particular situation, and also to help the client work through these feelings. The therapist has a supportive, reflective, and guiding role in this example.

The above approach contrasts with the therapist who believes that excessive drinking is a learned behavior and is not due to intrapsychic conflict or cultural stresses. The therapist, in this case, might take a more active, behaviorally-oriented role. Techniques might include active problem solving and teaching the client alternative coping mechanisms for handling stress.

The examples presented are an oversimplification of complex situations and many therapists are flexible enough to be eclectic in their approaches to problems. The crucial point to understand is the necessity to include the client's perspective in designing treatment programs, both on an individual and community basis.

Some of the positive aspects of Indian life that can be seen as coping mechanisms include the use of medicine people as healers, the use of herbs as medicine, spiritual rituals, and ceremonies. Community support systems and participation in community events (pow-wows and medicine dances) are also viewed as supportive aspects of life. Little research has been done to determine the actual extent and use of these positive behavior patterns, although research does exist that shows these as being positive alternatives to Western medicine (Amoss, 1978; Fuchs & Bashshur, 1975).

Indian people, urban and nonreservation, will often try Western medicine for their health problems. Some of these people find this type of medicine unsatisfactory for their problems. Those Indian people who are familiar with traditional medicine will often return to the reservation to their medicine people. Some of the Indian people will utilize both Western and traditional medicine (Fuchs & Bashshur, 1975). Therefore, incorporation of traditional healing elements into existing health programs is a possible means of making these programs more relevant to a larger number of Indian people.

The incorporation and encouragement of these positive aspects of Indian life has occurred in some health and social programs. Included in this list are the Clinto Indian Hospital, the School for Medicine Men, and the increasing use of Spirit Dancing among some Northwest Coastal Salish tribes (Albaugh & Anderson, 1974; Amoss, 1978; Bergman, 1973; Fuchs & Bashshur, 1975). All of these formal and informal programs present anecdotal evidence that support their value to the Indian people involved.

The positive aspects of Indian life, as used for the establishment and rehabilitation of healthy functioning, can be viewed as survival and coping skills. This is in opposition to alcoholism, suicide, and violence, which while they may be means of coping with stress, do not contribute to survival and/or healthy functioning. The therapist, in using and encouraging the client's development of positive coping mechanisms, should be aware of the client's belief system and values. If the client feels his/her input and perspective is valued, the more likely it is that this client will become involved in the therapeutic process. This involvement allows the client more responsibility and provides a growth experience in and of itself.

The previous section touched on some of the survival and coping mechanisms that may be found in Indian communities. A very brief examination of how the theoretical stances of problems, the client's belief systems, and actual behavioral patterns can effect therapy was also presented. The following section will encompass the impacts of the latter in greater detail and discuss some of the advantages and disadvantages of specific therapeutic techniques.

It is acknowledged that the types of problems seen, and the economic and cultural influences will vary from one Indian community to another. However, from data available, there seems to be enough overlap that the following discussion may have some implications for other Indian communities than the one used for case examples.

The most commonly identified problems in the Indian community used as a reference for this paper are as follows: alcohol misuse, anxiety, depression, family problems, marital conflict, suicide attempts, and crisis intervention of other types (Colville Tribal-Specific Health Plan, 1979). Crisis intervention may include a wide range of problems from drug abuse and overdose to finding a family a place to live. One thing that stands out in a large number of cases is problems in interpersonal relations stemming from a lack of communication.

This lack of communication may carry over into the therapeutic session. Therefore, it is important for the therapist to have an understanding of the client's issues, not just of the presenting complaint (Van Brunt, 1981). Some clients may be reticent to discuss specific issues which are the major causes of stress in their lives. The therapist acquiring this understanding may be easier than it sounds in that many Indian communities are small and members are well known to each other. This social and communications network is an asset in helping the client to further develop and use natural helping systems.

It may be useful for the therapist to have a clear understanding of any assumptions the client has about therapy and the counselor before a case formulation and therapy plan is drawn up. Many Indian people believe the therapist has an inherent understanding of their lives and problems which may or may not be true. Indian clients often tend not to be as verbal and open as non-Indians in discussing issues because of assumptions held about healing and/or therapy.

The role of the therapist may also change, not only from client to client, but also in different situations with the same person. Thus, in one setting, the therapist may play a social and community advocate while in another, they may have a passive, supportive, reflexive role. Here, as with the use of therapeutic theories and techniques, flexibility is a requirement for successful intervention.

Types of therapy that have been employed by the co-authors in their counseling with Indian people will be described at this time. These examples represent only a small percentage of the methods used but should be helpful as alternatives to therapists who will be working with Indian people.

A method of therapy used might be called "Impact Therapy" (LaDue & Marcelley, 1981). Impact therapy is a more concrete, problem-solving approach that is intended to give clients workable solutions to their problems rather than providing insight, although this will also play an important part. Impact therapy seems to be particularly useful in sorting out multi-problems in family counseling. Many families will seek help when their present methods of coping collapse and they find themselves in crisis.

A family crisis can be precipitated by one event that will have had several underlying issues. It is a challenge to the therapist to identify the percipitating event and to explain its significance to the family. It is not uncommon for initial interviews with families in crisis to last up to 4 hours. The counselor's role will be clarifier, validator, negotiator, and educator. It is crucial that the therapist be flexible and willing to take adequate time to help the family begin to have a clearer understanding of their presenting issues and alternative coping mechanisms.

Impact therapy can be used with individuals and on a long-term basis. It is most useful in the initial session that the counselor's role is of problem-identifier, pacifier, facilitator, and limit-setter. This approach may be more directive than many therapists are comfortable with, but in many of the crisis situations found in Indian communities, a passive approach may not be the most useful.

Another type of therapy that has been used is nondirective therapy based on Freud's and Maslow's theories. Maslow's hierarchy of needs is useful

in outlining some basic issues and needs for Indian people. A large number of Indian people are still far below the poverty level and do not have some of their survival needs met. Consequences of this could be marital discord and other types of violence or heavy drinking to release some of the stresses of poverty. The therapist, in this situation, may be an educator of the client, explaining the necessity of having one's lower needs met, and how of not having them met, large amounts of tension, poor self-concepts, and other negative methods of coping can develop.

Once the person has a grasp of how tension results from unmet needs, progression to a problem-solving, limit-setting method of therapy can occur. This could be impact therapy or some other technique. The counselor may also be a liaison for the client, helping him/her to obtain employment or other needed social services. This is where the flexibility of the therapist and knowledge of the community is extremely important.

Freud's concepts of personality structure have been found to be helpful in explaining the consequences of social pressures among young Indians, particularly males. Many young Indian men feel a great deal of peer pressure to participate in activities such as drinking, sexual acting out, violence, and other substance abuse which affirm their status within the group. Explaining needs in terms of the id seems to offer an understanding of their drives. Once this understanding is gained, the step can be taken to more concrete problem-solving approaches.

All of these approaches, regardless of the underlying theory, offer the client a means of understanding his/her needs and pressures. Progression in developing positive coping mechanisms is more likely once this understanding occurs. The therapist must be willing to use a variety of techniques and resources to aid the client and be prepared to have a 7-day work week. The therapist will

be called on to meet with clients in many settings, i.e., hospitals, jails, taverns, the client's home, etc.

Natural or traditional healers can be invaluable in working with many Indian clients and this integration of traditional healing and Western medicine will be covered in the last section of this paper, as well as recommendations for changes in future and existing health and social programs.

A great deal of the information presented in this paper has been based on anecdotal evidence. This has been a major problem in developing human services programs in Indian communities as a clear understanding of underlying problems is not available. Needs assessment programs, identifying what the community views as issues and needs, is the first step in program design. Many assumptions have been made about the status of health in Indian communities based on presenting problems. These assumptions may or may not be accurate and, if inaccurate, may limit any program built around these assumptions.

Development of individual coping skills, incorporating traditional elements where appropriate, are other areas where changes should be made. These elements may consist of those mentioned in this paper or of those practiced by the client. Development of educational programs, community networks, and inclusion of traditional healers in existing programs are further means of possibly addressing health needs in Indian communities more adequately.

Educational programs that would address health and social needs on a broad level could include the development of alternative schools. These systems would incorporate many traditional aspects of Indian life into the curriculum. Examples of this might be the teaching of relevant history, specialized programs to help develop positive self-concepts among Indian children, skills such as beading and weaving, and curriculum focusing on the cultural values of the community.

Educational programs might also be designed for adults that teach positive coping skills, constructive drinking patterns, parenting skills, and vocational skills. All of these alternatives are intended to include more traditional Indian values and Indian people in designing social and health programs. The goal of Indian Self-Determination was to give Indian people more control over their lives, and for this to become a reality, it is necessary for Indian people to develop more positive survival skills, and hopefully, evolvement of a new Survival Pact.

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